



## Change, Replacement or Surrender Request Instructions

In order to change, replace or surrender your Medical Marijuana Use Registry Identification Card, complete the Cardholder Information section and applicable section(s) of this form. By providing your email address, you consent to the Department contacting you through that email address.

### **To request a replacement card in the event of damage/loss/theft or change address:**

- Complete section A of this form
- Include a copy of your Florida driver license, Florida identification card, or any other valid proof of residency

### **To change your name :**

- Complete section B of this form
- Include a copy of your Florida driver license, Florida identification card, or a copy of your marriage certificate, divorce decree or other court document to show your name change.

### **To change your legal representative:**

To remove your legal representative

- Complete section C of this form

To change or add a legal representative

- Complete section C of this form
- Have your new legal representative complete a Medical Marijuana Use Registry Identification Card Legal Representative Application
- If a new legal representative is signing on behalf of the patient to change or add a legal representative, the new legal representative must sign this form.

NOTE: Replacement, name or address change, and legal representative change cards will require the submission of this form, along with a \$15 check or money order (application fee) made out to Florida Department of Health.

### **To surrender your card:**

- Complete section D of this form
- Include your Medical Marijuana Use Registry Identification card

**For minor patients:** The parent or designated legal representative's signature is required on all forms for minor patients, along with a copy of the parent or designated legal representative's Florida driver license or Florida identification card or other proof of Florida residency as stated in Rule 64-4.011(2)(a).

### **MAIL COMPLETED REQUEST TO:**

Office of Medical Marijuana Use  
PO Box 31313  
Tampa, FL 33631-3313



## Change, Replacement or Surrender Request

Mail Completed Request to: Office of Medical Marijuana Use PO Box 31313 Tampa, FL 33631-3313	<input type="checkbox"/> Patient	<input type="checkbox"/> Legal Representative
	Patient Registry ID #: _____	

**This is a request to:**

- Receive a replacement card
- Change my name
- Surrender my card
- Change, add, or remove a legal representative
- Change my address

Cardholder Information The address below is where the card will be mailed					
First Name		Last Name		Middle Initial	
Date of Birth	Social Security Number		Address <i>(new address if applicable)</i>		
City		Apt/Ste #	State	Zip Code	County
Telephone		Email (optional to receive communication by email)			

A. Request a Replacement Card	
Card Number (if known):	Date of Damage/loss/theft: (if applicable)
Reason for replacement: <input type="checkbox"/> New address <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Stolen	

B. Name Change (Include a copy of the document that proves name change)			
<b>New Name</b>	First Name	Last Name	Middle Initial
<b>Old Name</b>	First Name	Last Name	Middle Initial

<b>C. Change, add, or remove legal representative</b>			
<input type="checkbox"/> Change my legal representative <input type="checkbox"/> Add legal representative <input type="checkbox"/> Remove my legal representative			
<b>Current Rep</b>	First Name	Last Name	Middle Initial
<b>New Rep</b>	First Name	Last Name	Middle Initial

<b>D. Request to Surrender</b>		
Card status:	<input type="checkbox"/> I have included my card	<input type="checkbox"/> I have not included my card

I hereby certify the above information to be accurate and complete and no one other than me, or my legal representative, is submitting this request on my behalf.	
Patient or Legal Representative Name <i>(Print)</i>	
Patient or Legal Representative Signature	Date

**NOTICE ON THE COLLECTION, USE, OR RELEASE OF SOCIAL SECURITY NUMBERS**

Florida law requires that public agencies provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the public agency collects an individual's social security number. The collection of social security numbers by the Florida Department of Health is either specifically authorized by law or imperative for the performance of the Florida Department of Health's duties and responsibilities as prescribed by law. This notice is provided pursuant to Subsection 119.071(5)(a), Florida Statutes. For the Change, Replacement or Surrender Request, social security numbers are collected and used for identification purposes to ensure that the number identifiers match the identities of the cardholder, as authorized by sections 119.071(5)(a)2. and 119.071(5)(a)6., Florida Statutes. Social security numbers collected for this purpose will remain confidential.